PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Fatents P.O. Bart Avreglais 22313-1450 or Fax (571)-2273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used it correspondence including d below or directed off tions.	for tran ng the l herwise	smitting the ISSU Patent, advance of in Block I, by (1	JE FEE and PUBLIC rders and notification a) specifying a new or	of m	ON FER (if sintenance f condence ade	requin pas wi drass; s	ed). Bi Il be n and/or	locks 1 through 5 sailed to the curren (b) indicating a sep	should t corn surate	be completed where espendence address as "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Nos: the Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fer(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
26646	7590 02/15	/2008									- R-FILE	
KENYON & R ONE BROADW		I hereby certify that this Fee(s) Transmittal is being a Status Postal Service with sufficient postage for first addressed to the Meil Stop 19SUE FEE address a transmitted to the USPTO (571) 273-2885, on the date					ng dep rat clas above date in	osited with the United as mail in an envelope e, or being facsimile dicated below.				
NEW YORK, N	Y 10004						na Re		,210 11.02, 12.2		(Depositor's name)	
					Н	/Tes	ha F	Ramos	·/		(Signature)	
							/200				(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			Ī	ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/518,682				Martin Mast				10191/3626 5495				
TITLE OF INVENTION					_				TOTAL FERSION	_	DATE DUE	
APPLN, TYPE	SMALL ENTITY	iS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID	-	FRE		*	95/15/2008	
nonprovisional	rovisional NO		\$1440	\$300		\$	U		\$1740		93/13/2006	
EXAMINER			ART UNIT	CLASS-SUBCLASS	ك							
JENKINS, J	073-754000											
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.55). Change of correspondence address (or Change of Correspondence Address from PTO/SBI 22) statement. The Confess from PTO/SBI 22) statement. The Confess Indication for "Pee Address" Indication form PTO/SBI 47; Rev US-92 or more recently attached. Use of a Castemer Number is required.				2. For printing on the places frost pipe, just (1) the cames of up to 3 registered patent attorneys or agents ON, ditentialist(s), a station from the place of th								
A ARREST NAME A	NO DECIDENCE DAT	A TO F	R PRINTED ON	THE PATENT (print	ar typ	c)			,			
PLEASE NOTE: Un	less an assigner is iden th in 37 CFR 3.11. Com	tified b	elow, no assigned of this form is NO	data will appear on to T a substitute for filing	ho pa	tont. If an a seignment.	asigno	e is ide	entified below, the	docum	ent has been filed for	
(A) NAME OF ASSIGNEE				e data will appear on the patent. If an assignee is identified below, the document has been filed for OT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Robert Bosch GMBH				Stuttgart, Federal Republic of Germa						Y		
Please check the approp	riace assignee category o	r catego	xies (will not be p	rinted on the petent):	0	Individual	Con	pontic	on or other private g	roup e	ntity Government	
4e. The following feo(s) are submitted:				4b. Payment of Fox(s): (Please first reapply any previously paid insue fee shown above)								
2 Issue Fee				A check is enclosed. Payment by credit card. Form PTO-2038 is attached.								
Publication Fee (No small entity discount permitted) Advance Order - # of Copies				E The Director is hereby authorized to charge the required foc(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form								
5. Change in Entity Str	tue (from stehns indicate	ed show	m)	overpayment, was	- Company	at Moneyala .		_	(*******			
				Db. Applicant is no	long	er claiming	SMAL	L ENT	TTY status. Sec. 37	CFR 1.	27(g)(2).	
NOTE: The Issue Fee as interest as shown by the	nd Publication Fee (if rec records of the United St	quired) ates Par	will not be accept est and Trademan	d from anyone ether b k Office.	hem th	o applicant;	a regia	icrod s	tomey or agent; or	UNC ALE	against or quier party in	
Authorized Signature	1			à		Date	3/	10	(08_			
Typed or printed nan	Gerard A. Me					Registra			35,952			
This collection of informan application. Confider submitting the complete this form and/or suggest the confideration of the confiderati	nation is required by 37 intiality is governed by 3. d application form to tions for reducing this by Virginia 22313-1450. D	CFR 1 5 U.S.C te USP urden, a O NOT	311. The informat 2. 122 and 37 CFR TO, Time will var should be sent to the SEND FEES OR	ion is required to obtain 1.1.14. This collection is y depending upon the he Chief Information C COMPLETED FORM	n or n is osti indiv Office IS TO	etain a benefirmated to take idual case. A r, U.S. Paten O THIS ADD	it by the to 12 m iny contains and 7 RESS.	e publi sinutes nments I radera SEND	ic which is to file (a to complete, includ s on the amount of ark Office, U.S. De O TO: Commissione	ing ga time y partiti r for P	the USPTO to process) thering, preparing, and ou require to complete ent of Commerce, P.O. atents, P.O. Box 1450.	

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.